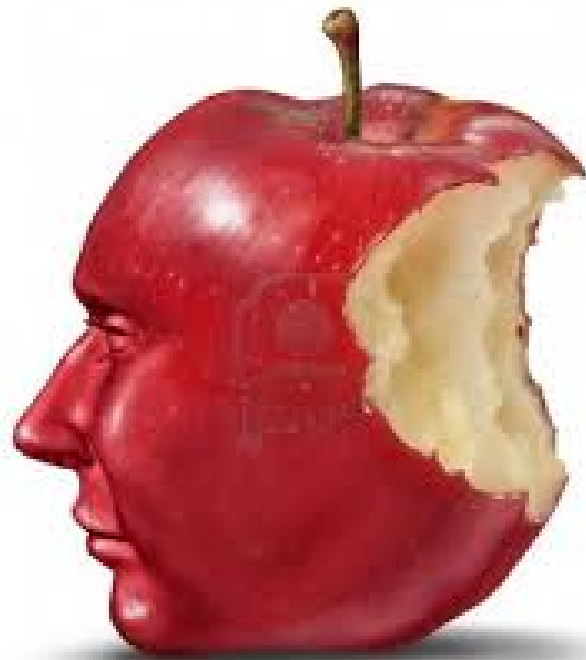


# Treatment resistant depression



# Treatment **R**esistant **D**epression

- **C**linically apparent
- **A**ctual

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# Clinically Apparent Treatment Resistant Depression



## 'Cancer larynx'

- A 78 year old male patient
- Referred for symptoms of depression after he was operated for cancer of larynx, and had to have permanent tracheostomy.
- Complained of Lethargy, tiredness, lack of interest, sluggishness, drowsiness, loss of appetite, easy irritability, sadness etc.
- Did not respond to a course of Escitalopram (5-20 mg/day) over one month

- M = Medical problems
- E = External stress
- N = Non adherence
- D = Diagnosis





## 'Cancer larynx'

- Decided to investigate before adding another antidepressant
- On examination - he had pallor & Pulse = 64/min
- On investigation - Hb = 7.2 g/dl &
  - 2D-Echo ejection fraction = 20%
- Requested to consult a hematologist who ordered T3, T4, TSH
- The reports revealed hypothyroidism and patient responded to addition of thyroxin

## 'Joint family'

- A 42 year old female patient
- Referred for symptoms of depression after a conflict in joint family
- Was diagnosed as a case of Major Depression
- When asked to consider medicines, she quickly declined as she did not deem it necessary
- Insisted that she can no longer stay in joint family and would prefer to have a house of her own





## 'Joint family'

- When coerced to take medicines, kept on coming up with excuses for non adherence
- Changed the medicines a couple of times; adjusted the doses but all in vain
- Eventually I referred her for counselling
- Counselor convinced her husband to separate and not to continue to stay in joint family
- They separated; she was very happy and the so called 'Major depression' remitted!



## 'Treatment refractory depression'



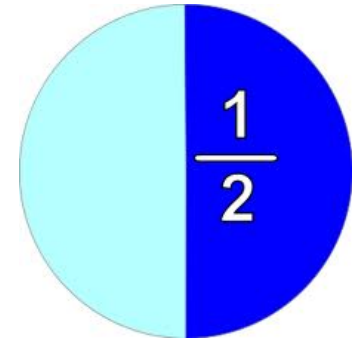
- A 39 year old female patient
- Referred for treatment refractory Major Depression as she failed to response to a course of 3 different antidepressants given in combination over 6 months
- Prior to 6 months she was seen by a couple of psychiatrists and counselors; was treated with antidepressants and counseling with little benefit
- Past history of a similar episode some 7 years back which had remitted spontaneously

## 'Treatment refractory depression'



- "Did you ever feel excessively happy any time for a couple of days or weeks in last few years?"
- "Yes"; 4 years back I had the best time of my life which had lasted for about 3-4 weeks
- On a detailed enquiry it appeared to be an hypomanic episode
- She was started on Lamotrigine to which she responded well
- "Why was I not given this medicine before?"

$\frac{1}{2}$  tablet doctor and  $\frac{1}{2}$  tablet patient



A prescription

- Tab Escitalopram (5 mg)  $\frac{1}{2} - 0 - 0$
- Tab Sertraline (25 mg)  $0 - 0 - \frac{1}{2}$
- Tab Venlafaxin - XR (37.5 mg)  $0 - \frac{1}{2} - 0$
- Tab Dothiapine (25 mg)  $0 - 0 - \frac{1}{2}$

- $O$  = Optimize
- $S$  = Substitute / Switch
- $C$  = Combine
- $A$  = Augment
- $R$  = Other methods



# Combine



- T. Mirtazapine  
(45 mg) 0 - 0 - 1
- T. Escitalopram  
(20 mg) 0 - 0 - 1
- T. Nortriptyline  
(25 mg) 2 - 2 - 2
- T. Sertraline  
(50 mg) 1 - 1 - 2
- T. Bupropion - SR  
(150 mg) 1 - 0 - 2
- T. Prothiaden  
(75 mg) 1 - 1 - 2

# Combine

SSRI: Fluoxetine, Sertraline, Paroxetine,  
Fluvoxamine, Citalopram, Escitalopram

SNRI: Venlafaxine, Desvenlafaxine,  
Duloxetine, Milnacipran

TCAs: Doxepine, Dothiapine,  
Amitriptyline, Nortriptyline

Others: Mirtazapine, Bupropion, Reboxetine  
Atomoxetine, Methyl Phenidate



## 'Major Depression and Adult ADHD'

- A 51 year old male patient
- Has depression for last 20 years.
- Has visited 20 different psychiatrists
- Has tried almost all the 20 available antidepressants in various combinations
- Now able to function and attend his office after Methyl Phenidate was added



## Augmentation

- Lithium, Thyroxine
- Modafinil / Armodafinil
- 5 HTPn, L Methyl Folate, Inositol
- S-Adenosyl Methionine (SAME)
- Low dose antipsychotics (Olanzapine, Aripiperazole .....





## Others

- Ketamine
- ECT, rTMS, CES,
- (DBS, VNS, Psychosurgery)
- Psychotherapies and Counseling
- Yoga, Meditation, Exercise etc.



# Ketamine for Treatment Resistant Depression

- 72 treatment-resistant patients with depression.
- Didn't have any improvements after trying at least three different biological treatments
- Were either given an intravenous infusion of ketamine for 40 minutes or an active placebo of midazolam,



## Ketamine for Treatment Resistant Depression

- After 24 hours, 63.8 percent of the ketamine group had improved symptoms, compared to 28 percent of the placebo group.
- Seven days later, 45.7 percent of the ketamine group still had improved symptoms, compared to 18.2 percent of the placebo group.
- Neither group had any major side effects.

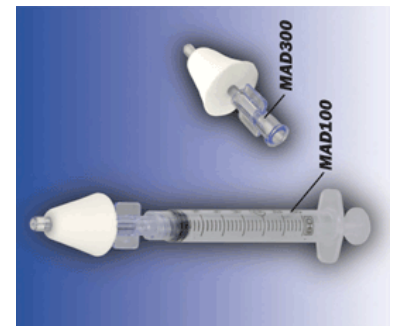


J Affect Disor. 2013 May;147(1-3):431-6.

- Clinical experience using intranasal ketamine in the treatment of pediatric bipolar disorder/fear of harm phenotype

Papolos DF, Teicher MH, Faedda GL, Murphy P, Mattis S.

- A systematic retrospective chart review of a case series
- Ketamine administration was associated with a substantial reduction in measures of mania, fear of harm and aggression.
- Significant improvement was observed in mood, anxiety and behavioral symptoms, attention/executive functions, insomnia, parasomnias and sleep inertia.
- Treatment was generally well-tolerated.



The End

